RECEIVED
DEC 10 2018
S.D. SEC. OF STATE

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER Chamberlain/Oacoma Sun		2. DATE 9-19-18
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE $ 40
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 116 S Main, Chamberlain SD 57325		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) 116 S Main, Chamberlain SD 57325		
6. FULL NAME OF PUBLISHER: K.L.H., LLC Kim + Lucy Halverson		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME / COMPLETE MAILING ADDRESS		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	1300	1200
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	580	520
2. Mail Subscription (Paid and or requested)	590	554
3. Paid Electronic Copies	33	37
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	1203	1111
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	16	16
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	15	15
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1234	1142
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	20	10
2. Return from News Agents	79	85
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	1233	1237

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

Lucy Halverson
(Signature)

publisher/owner
(Title)

State of South Dakota)
§
County of Brule)

Sworn to before me this 27 day of Sept, 2018

Kay J. Anderson
Notary Public

My commission expires: 5-4-18

(Seal)

Form: SOS REC 051 9/2016